

**Y – BOCS Symptom Checklist  
(Yale-Brown Obsessive Compulsive Scale)**

**Contamination Obsessions**

**Current Past**

- \_\_\_ \_\_\_ Concerns or disgust with bodily waste or secretions
- \_\_\_ \_\_\_ Concerned with dirt or germs.
- \_\_\_ \_\_\_ Excessive concern with environmental contaminants
- \_\_\_ \_\_\_ Excessive concern with household items (cleaners)
- \_\_\_ \_\_\_ Bothered by sticky substances or residues
- \_\_\_ \_\_\_ Concerned with getting ill (eg, AIDS)
- \_\_\_ \_\_\_ Concerned will get others ill by spreading germs
- \_\_\_ \_\_\_ Somatic obsession
- \_\_\_ \_\_\_ Other \_\_\_\_\_

**Sexual Obsession**

**Current Past**

- \_\_\_ \_\_\_ Personally unacceptable sexual thoughts

**Hoarding/Saving Obsessions**

**Current Past**

- \_\_\_ \_\_\_ Collects useless items, eg, old newspapers  
(distinguish from hobbies; concern with objects  
of monetary or sentimental value)
- \_\_\_ \_\_\_ Concerned with losing or throwing out items by  
mistake
- \_\_\_ \_\_\_ Other \_\_\_\_\_

**Obsession With Need for Symmetry or Exactness**

**Current Past**

- \_\_\_ \_\_\_ Bothered by things not lined up or being  
in order
- \_\_\_ \_\_\_ Other \_\_\_\_\_

**Aggressive Obsessions**

**Current Past**

- \_\_\_ \_\_\_ Violent or horrific images
- \_\_\_ \_\_\_ Fear will act on unwanted  
impulses (eg, to stab friend)
- \_\_\_ \_\_\_ Fear will harm others because not  
careful enough (eg, hit and run motor  
vehicle accident, putting poison in food)
- \_\_\_ \_\_\_ Fear will be responsible for something else  
terrible happening (eg, fire, burglary)
- \_\_\_ \_\_\_ Other \_\_\_\_\_

**Religious Obsessions (Scrupulosity)**

**Current Past**

- \_\_\_ \_\_\_ Concerned with sacrilege and blasphemy
- \_\_\_ \_\_\_ Excess concern with right and wrong, morality

**Pathological Doubt**

**Current Past**

- \_\_\_ \_\_\_ After completing routine activities, doubts  
whether performed or not (eg, whether signed  
check to pay bill)
- \_\_\_ \_\_\_ Other \_\_\_\_\_

**Other Obsessions**

**Current Past**

- \_\_\_ \_\_\_ Superstitious fears (eg, luck or unlucky  
numbers or colors)
- \_\_\_ \_\_\_ Other \_\_\_\_\_

**Cleaning/Washing Compulsions**

**Current Past**

- Excessive or ritualized hand washing
- Excessive or ritualized showering, bathing, tooth brushing, grooming
- Cleaning of household items or other inanimate objects
- Other measures to prevent or remove contact with contaminants
- Other \_\_\_\_\_

**Checking Compulsions**

**Current Past**

- Checking locks, stove, appliances, water faucets, emergency brake
- Checking that did not harm others
- Checking that did not make mistake (eg, balancing checkbooks over and over)
- Checking tied to somatic obsessions (eg, self for signs of cancer)
- Other \_\_\_\_\_

**Repeating Rituals**

**Current Past**

- Rereading or rewriting
- Repeats same questions
- Need to repeat routine activities (eg, in and outdoor)
- Other \_\_\_\_\_

**Hoarding/Collecting Compulsions**

**Current Past**

- Inspecting household trash and accumulating useless objects

**Ordering/Arranging Compulsions**

**Current Past**

- Lines up clothes, canned goods, shoes in fixed order
- Need for symmetry (eg, shoelaces must be at same tension, socks at same height)
- Can't complete activity until just right

**Other Compulsions**

**Current Past**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <input type="checkbox"/> Mental rituals (eg, silently reciting prayers to neutralize a bad thought)</li> <li><input type="checkbox"/> <input type="checkbox"/> Counting compulsions (eg, count ceiling tiles)</li> <li><input type="checkbox"/> <input type="checkbox"/> Excessive list making</li> <li><input type="checkbox"/> <input type="checkbox"/> Pathological slowness (pervades most routine activities)</li> <li><input type="checkbox"/> <input type="checkbox"/> Need to tell, ask, confess</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <input type="checkbox"/> Superstitious behaviors (eg, stepping on cracks, bedtime rituals)</li> <li><input type="checkbox"/> <input type="checkbox"/> Asking for reassurance over and over</li> <li><input type="checkbox"/> <input type="checkbox"/> Self-damaging behaviors</li> <li><input type="checkbox"/> <input type="checkbox"/> Rituals involving blinking or staring</li> <li><input type="checkbox"/> <input type="checkbox"/> Need to touch, tap, or rub</li> <li><input type="checkbox"/> <input type="checkbox"/> Other _____</li> </ul> |
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**Comments**

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**Individuals with any current symptoms warrant further assessment.**